

Hyperthyroidism – History, Exam and Diagnosis Nugget

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Background

- Overall prevalence is approximately 1% but increases to 5 % in older women
- Common causes include:
 1. Grave's disease (painless diffuse goitre in > 90%, ophthalmopathy (60%), pretibial myxoedema (1-2%))
 2. Toxic multinodular goitre (painful goitre, most common cause in older people)
 3. Toxic adenoma (thyrotoxicosis without goitre)
 4. Subacute (DeQuervain's) thyroiditis (viral, commonly coxsackie); small, tender goitre; high ESR; initial thyrotoxicosis without hyperthyroidism due to release of stored hormone; hypothyroidism within weeks, recovery over 3-6 months



History

- Ask about weight loss, increased appetite, heat intolerance, diarrhoea, tremor, menstrual irregularities, polyuria, fatigue, weakness
- Mood: feeling on edge/anxious, depression (especially in the elderly)
- Eye symptoms: grittiness, photophobia, diplopia, blurred vision, swelling and redness of eyelids and conjunctiva (common early symptoms though eye signs may precede thyrotoxicosis by months to years)



Exam

- Examine the hands
 - may be warm and sweaty with palmar erythema
 - check for tremor when the hands are outstretched
 - look for clubbing and onycholysis
- Palpate the pulse for tachycardia (sinus or atrial fibrillation)
- Examine the eyes
 - Lid lag and lid retraction (due to excess sympathetic activity and not specific to Grave's Disease)
 - Proptosis + exophthalmos (best seen from above, standing behind patient – specific to Grave's Disease)
- Goitre
 - present (Grave's, toxic multinodular goitre, subacute thyroiditis) v absent (toxic adenoma)
 - painful (toxic multinodular goitre, subacute thyroiditis) v painless (Grave's)
- Check for proximal muscle weakness
- Examine the shins for elevated, painless lesions (pretibial myxoedema, rare)



Investigations

- Thyroid function tests
- ECG – if pulse irregular
- No need for thyroid ultrasound or thyroid antibody tests in primary care

Reference

Graves' Disease – BMJ Best Practice